



**Applying for Grade \_\_\_\_\_  
For the year of 20 \_\_\_\_**

Student's Name \_\_\_\_\_  
(Last) (First) (M.I.) (Preferred Name)

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
(Month/Day/Year)

Student lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_ (Specify) \_\_\_\_\_

**Parent/Guardian Information**

**Mother/Guardian**

\_\_\_\_\_  
(First) (Last)

\_\_\_\_\_  
(Home address – Street or PO)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Home telephone) (Work)

\_\_\_\_\_  
(Cell) (E-mail)

**Father/Guardian**

\_\_\_\_\_  
(First) (Last)

\_\_\_\_\_  
(Home address – Street or PO)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Home telephone) (Work)

\_\_\_\_\_  
(Cell) (E-mail)

Party responsible for tuition if it is someone other than parents or guardians:

\_\_\_\_\_  
(Last) (First) (Title) (Relationship)

\_\_\_\_\_  
(Address) (City) (State) (Zip)



**Student History**

Name of current/last school attended \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

Name of Principal/Headmaster \_\_\_\_\_ Grades attended \_\_\_\_\_ – \_\_\_\_\_

Student's special interests, honors, or activities:

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Where and when did your child complete a psychological-educational evaluation?

\_\_\_\_\_  
(Name of agency/individual) (Telephone number)

\_\_\_\_\_  
(City) (State) (Zip)

Please indicate the diagnoses identified by a licensed psychologist, neurologist, or physician:

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Is the student taken any medication on a regular basis? \_\_\_\_\_  
(If yes, please specify)

Does your child receive any specialized services through his/her current school?

\_\_\_\_\_ IEP \_\_\_\_\_ Section 504 Plan \_\_\_\_\_ Learning Support \_\_\_\_\_ Other \_\_\_\_\_ None

Please describe those services:

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Please identify any health issues which will help us when working with your child in the classroom:

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Has the student been suspended or dismissed for academic, disciplinary, or other reasons?

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(If yes, please specify)

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**Parent Questionnaire**

What do you perceive to be your child's strengths, abilities, talents?

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What do you perceive to be your child's weaknesses?

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Why do you feel a specialized setting such as The John Crosland School is needed?

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What are your short-term and long-term goals for your child?

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How does your child get along with his/her peers?

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How does your child get along with authority figures?

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Does your child participate in any extracurricular activities? What organizations is he/she a member (i.e. youth groups, boy/girl scouts, sports?)

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**Student Questionnaire  
(Grades 1-5)**

Student Instructions

Please take a moment to complete this questionnaire in your own handwriting so we can learn more about you.

Your name \_\_\_\_\_

Grade entering \_\_\_\_\_

What is your favorite thing about school?

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Tell us what you don't like about school.

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Tell us about your best day ever.

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Tell us about your favorite things to do outside of school.

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**Student Questionnaire  
(Grades 6-12)**

Student Instructions

Please take a moment to complete this questionnaire in your own handwriting so we can learn more about you.

Your name \_\_\_\_\_

Grade entering \_\_\_\_\_

What is your favorite subject or activity in school? Explain why.

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Tell us about some of the extracurricular activities that you enjoy.

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Describe an accomplishment of which you are particularly proud.

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Who is your role model and why?

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What is your favorite book or movie and why?

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## Teacher Recommendation

The completion of this report is a part of The John Crosland School admission process. We would appreciate your candid appraisal of the applicant, which will assist us in evaluating the student's profile. This form will be kept in strict confidence and will not become a part of any permanent record. After completing both back and front sides, please return this form directly to the school address below. Thank you for your time.

Name of student: \_\_\_\_\_

Current grade: \_\_\_\_\_

1. How long have you known the applicant? In what capacity?

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2. Has the student had excessive absences or tardies?

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3. Have there been any violations of school and classroom rules? If yes, please explain.

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4. To your knowledge has the student had any history of serious conduct problems? If yes, please explain.

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5. To your knowledge has this student ever been suspended or expelled from school? If yes, please explain the behavior causing this outcome.

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6. How does this student function in unstructured settings such as the lunchroom, hallways, and recess?

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7. How does the student respond to guidance, corrections, or suggestions?

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8. Describe the student's level of independence.

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9. What accommodations, if any, does the student need in the classroom?

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10. Please describe this student's strengths, abilities, and talents.

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11. Would the applicant be permitted to re-enroll in your school?  Yes  No Please explain.

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12. How would you describe the parent(s)' relationship to the school? \_\_\_\_\_

13. Please describe weaknesses or concerns needing to be addressed in a specialized program.

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14. What words come to mind when describing the applicant? \_\_\_\_\_

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Please check the most appropriate category:

	Good	Fair	Poor
Self confidence	_____	_____	_____
Organization	_____	_____	_____
Completing class work	_____	_____	_____
Completing homework	_____	_____	_____
On task behavior	_____	_____	_____
Following written directions	_____	_____	_____
Following oral directions	_____	_____	_____
Impulse control	_____	_____	_____
Participation in discussions	_____	_____	_____
Participation in groups	_____	_____	_____
Motivation for learning	_____	_____	_____
Relations toward peers	_____	_____	_____
Relations toward authority figures	_____	_____	_____
Honesty	_____	_____	_____

Teacher's signature \_\_\_\_\_

Date \_\_\_\_\_







## Transcript Release Form

I, \_\_\_\_\_ authorize the release of information on my child, \_\_\_\_\_ to The John Crosland School. I understand this information may include IEP's, psychological/psychiatric evaluations, neurological evaluations, standardized test scores, or progress notes, and will be used confidentially to assist in placement and/or educational planning.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

*Please complete information below and send directly to the student's school.*

Information requested from: Name of school \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Fax number \_\_\_\_\_

Please forward information to: The John Crosland School  
5146 Parkway Plaza Blvd  
Charlotte, NC 28217  
Attn: Admissions

*Please complete the transcript release form for the candidate's present and/or past schools.*



## Details

While your answer is entirely **optional**, to help us meet our diversity goals, is the student:

Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Asian \_\_\_\_\_

Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_ Other \_\_\_\_\_

How did you learn about The John Crosland School? \_\_\_\_\_

Will you be applying for financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, financial aid information and forms are available in the Admissions Office

Please return this application to The John Crosland School, 5146 Parkway Plaza Blvd. Charlotte, NC 28217 with a \$100.00 non-refundable application fee.

\_\_\_\_\_  
Signature of Parent or Guardian

The John Crosland School does not discriminate on the basis of race, color, sex, age, marital status, disability, religion, creed or national or ethnic origin in the administration of its educational programs, admissions, and financial aid policies, or its employment practices.



Dear Parents,

We are pleased that you are interested in The John Crosland School for your child and hope you will find our application packet helpful in learning more about the school. Carefully read over the information below to assist you in the admissions process.

### **Admissions Information**

The John Crosland School maintains a policy of limited enrollment and selective admissions recognizing that there is a range of students that the school serves best. The admissions process goal is to determine if the child's needs will be served most appropriately by attending The John Crosland School.

### **Admissions Procedures**

Admissions decisions are made when the entire application process has been completed.

#### Application

An application for admission must be completely filled out, accompanied by a non-refundable processing fee of \$100.00.

#### Interview

Parents/Guardian of each applicant should schedule an appointment to learn about the school and tour the facility. Interviews are arranged by calling the Admissions Office.

#### Observation/Classroom Visit

Qualified applicants for all grades will be observed in a classroom setting specific to their grade level.

#### Psychological-Educational Evaluations

Each applicant is required to submit a psychological-education evaluation completed within the last three years.

#### School Records

All previous educational records must be submitted. Transcript Release forms are included in the application packet and are to be sent directly to the child's current school. The John Crosland School reserves the right to request further testing if the admissions committee feels that more information would be beneficial for the decision making process.

#### Teacher Evaluation Forms

Parent/Guardian of the applicant must have previous or current teachers complete an evaluation form. Two evaluation forms, included in the application packet, are required from core subject teachers; however, the blank form may be duplicated for additional evaluations to be made. These completed evaluation forms must be submitted directly from the teachers to The John Crosland School.

#### Additional Evaluations

If available, please submit any occupational, speech and language therapy evaluations.

#### Release of Information

This form must be filed with The John Crosland School so that any information from an agency working with your child can be sent.

If you have additional questions please contact the Admissions Office at 704.365.5490.

Best regards,

The Office of Admissions